



Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-3714
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 Website: www.nvsos.gov

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JAN 15 2016

SECRETARY OF STATE
 ELECTIONS DIVISION

#2461

State of Nevada
Committee for Political Action
(PAC)
Registration Form
 Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

- New Registration PAC (Advocating Passage or Defeat of a Ballot Question)
- Annual (Due on or before January 15th of each year, NRS 294A.230(4)(b))
- Amended Registration: Change Officers Change Registered Agent Change Address
 check all that apply
- Change Name
 Previous Name of PAC _____
- Other: _____

Name of Committee: NLV Leadership PAC Telephone: (702)371-2112

Mailing Address: 5870 Bishops Bowl North Las Vegas NV 89081
 Street Name, Number City State Zip Code

PAC Active Email Address: _____

PURPOSE: Briefly state the purpose for which the PAC was organized.
To actively support individuals, candidates and groups committed to protecting and supporting the City of North Las Vegas.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent: John Lee Telephone: (702)371-2112

Physical Address: 5870 Bishops Bowl North Las Vegas NV 89081
 Street Name, Number City State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

John Lee Date: 1/15/2016
 Signature of Registered Agent



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**Committee for Political Action
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 Page 2**

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: John Lee, President		Telephone: (702)371-2112
Mailing Address: 5870 Bishops Bowl	North Las Vegas	NV 89081
Street Name, Number	City	State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
Name of Organization:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
Name of Organization:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code

SUBMITTED BY:

X
 Signature of Representative of Group

Printed Name:
John J. Lee

Date:
1/15/2016

Telephone:
(702)371-2112